PATENT APPLICATION FEE DETERMINATION RECOR									,	(9/	7	50	734	+
	CLAIMS AS FILED - PART I (Column 1) (Column 2)									ENT	rity T	OB		R THAI	-
י	OTAL CLAIM	S						1	RATE	_	FEE	ר"	RATE	FE	
F	OR	NUMBE	R FILED	NUM	BER EXTRA	ĺ	BASIC F		150.00	۲,	BASIC FE	+			
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IN	DEPENDENT (minus 3 =					X100=	+		-		 			
М	ULTIPLE DEPE	PRESENT					X100=			OR	X200=	}			
•	* If the difference in column 1 in less than							'	+180=			OR	+360=		
	* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL			OR	TOTAL		
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALI	L EN	ПТҮ	OR	OTHER SMALL	THAN	
AMENDMENTA	7/1/05	REA A AME	LAIMS AAINING FTER NOMENT		HIGHI NUME PREVIO PAID F	ER	PRESENT EXTRA		RATE	Jπ	ADDI- ONAL FEE		RATE	ADD TION	AL
Ş	Total	1. 3	27	Minus	1-3	127			X\$ 25=			OR	X\$50=		
A	Independent	• ENTATION	4	Minus	4	<u> </u>	1= -		X100=	T		OR!	X200=		
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+180=	T		OR	+360=		٦
							L	ATOTA				TOTAL	\vdash	┨	
		(Col	<u>umn 1).</u>		(Colum	n 2)	(Column 3)	A	DDIT. FEE	<u></u>	-	JON 2	ODIT. FEE		┪
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NON	Total	. 9	7	Minus	-0	7	=	·ſ	X\$ 25=		7	OR	X\$50=	T	7
ME	Independent	• (1	Minus	***	4	- 1	ŀ	X100=	┢	1 1		X200=		\dashv
	FIRST PRESE	NTATIO	N OF ML	ILTIPLE DE	PENDENT (LAIM		ŀ		┞	1-1	OR	A200=	-	\dashv
	•							L	+180=			OR	+360=		┛
					•			AC	TOTAL DDIT. FEE		Ļ	OR A	TOTAL DDIT. FEE		4
			mn 1)·		(Columni		(Column 3)	_			<u> </u>	_			╛
AMENDMENIS	11/21/05	AF	UNING TER DMENT		NUMBE PREVIOU PAID FO	R . ISLY	PRESENT EXTRA		RATE	TIC	DI- NAL EE		RATE	ADDI- TIONA PEE	
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Approved for use through 7/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

<u> </u>		ENT APPLIC		FEE DETE				ormation unle	Applicat			
Substitute for Form PTO-875 OI 150 737												
CLAIMS AS FILED - PART I (Column 1) (Column 2) SMAL									OR		R THAN ENTITY	
	FOR	NUMB	ER FILED	NUMBE	ER EXTRA		RATE	FEE		RATE	FEE	
	IC FEE CFR 1.16(a))							s	OR		s	
	AL CLAIMS CFR 1.16(c))		minus 20	. =			x \$=		OR	x s =		
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MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))							+ \$ =		OR			
* If the difference in column 1 is less than zero, enter "0" in column 2.										+ \$=	<u> </u>	
11 41	ne unerence in c	olumn i is less ma	an zero, er	iter o in column .		TOTAL		OR	TOTAL			
	Cl	_AIMS AS AM	ENDED	– PART II								
		(Column 1)		. (Column 2)	(Column 3)		SMALL E	NTITY	OR		R THAN ENTITY	
NIK	2/1903	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTR		RATE	ADDI- TIDNAL FEE	_	RATE	ADDI- TIONAL FEE	
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AM	FIRST PRESENT	ATION OF MULTIPL	E DEPENDE	ENT CLAIM (37 CF	R 1.16(d))				OR			
						_	+ \$ = TOTAL ADD'L FEE		OR	+ \$ = TOTAL ADD'L FEE		
		(Column 1)		(Column 2)	(Column 3)			(,	
NT &	7/17/03	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
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		(Column 1)		(Column 2)	(Column 3)			$-\top$,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	+	
W	.21 (2	CLAIMS		HIGHEST		Г						
AMENDMENT	12/16/03	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	Ŀ	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
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JEN	Independent (37 CFR 1.16(b))	. 3	Minus	·· 3	= /		x \$=		OR	x \$=		
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						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE			
٠	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

FOR TOT NDE	<u></u> -	CLAIMS AS	_	FARI								
FOR	<u></u> -		TEANUANA			ma 21		MALL EN			OTHER	THAN
NDE		(Column 1) (Column 2)								OR	SMALL	ENTITY
NDE			MANAGE 64 50				-	RATE FEE			RATE	FEE
NDE	AL CHARGEA	BLE CLAIMS	 			ER EXTRA		BASIC FEE	370.00	OR	BASIC FEE	740.00
AUL			minus 20= '					X\$ 9=		OR	X\$18≈ .	
	MULTIPLE DEPENDENT CLAIM PRESENT							X42=		OR	X84=	
	TIPLE DEPEN	DENT CLAIM PE	RESENT				ı	+140=			.000	
lf (I	ne difference	in column 1 is l	less than ze	ro, enler	"0" in c	olumn 2	L	TOTAL	· · · ·	OR	+280=	
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₩ ÷	the entry in colu	mn 1 is less than t imber Previously P	he entry in colu	imn 2, writ	e °0° in o	olumn 3.	: L	TOTAL			TOTAL	
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